NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: _09/439053_

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101				___	/	=	_760_
Total Claims >20	203/103	_24_	-20 = _4_	X	___	___	=	_72_
Independent Claims >3	202/102	_5_	-3 = _8_	X	___	___	=	_156_
Mult. Dep Claim Present	204/104				___	___	=	___
Surcharge	205/105				___	___	=	_130_
English Translation	139							___

TOTAL FEE CALCULATION

_1118_

Fees due upon filing the application:

Total Filing Fees Due = $ ___1118___
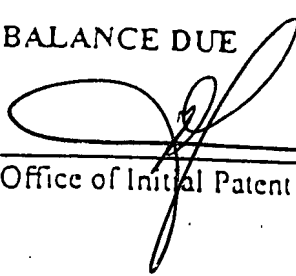
Less Filing Fees Submitted - $ ___Ø___

BALANCE DUE   = $ ___1118___

Office of Initial Patent Examination

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective November 10, 1998

Application or Docket Number

CLAIMS AS FILED - PART I

SMALL ENTITY TYPE [ ] OR OTHER THAN SMALL ENTITY

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE				380.00	OR		760.00
TOTAL CLAIMS	24 minus 20=	* 4	X$ 9=		OR	X$18=	72
INDEPENDENT CLAIMS	5 minus 3 =	* 2	X39=		OR	X78=	156
MULTIPLE DEPENDENT CLAIM PRESENT			+130=		OR	+260=	
			TOTAL		OR	TOTAL	988

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR OTHER THAN SMALL ENTITY

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	* 23	Minus	** 24	= 1	X$ 9=		OR	X$18=	
Independent	* 6	Minus	*** 5	= 1	X39=	45	OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE	9	OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X$ 9=		OR	X$18=	
Independent	*	Minus	***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X$ 9=		OR	X$18=	
Independent	*	Minus	***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.